

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
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48							
49							
50							
TOTAL IND.	4						
TOTAL DEP.	36						
TOTAL CLAIMS	40						

	CLAIMS		CLAIMS		CLAIMS		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
51							
52							
53							
54							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							